



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **DR M HARVEY ASSOCIATES LTD**

Company Number: **07231214**

Date of this return: **22/04/2012**

SIC codes: **99999**

Company Type: **Private company limited by shares**

Situation of Registered Office: **NEW LAVENDER HOUSE DENTAL SURGERY
269 MALDEN ROAD
CHEAM
SURREY
UNITED KINGDOM
SM3 8ET**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **DR MARISA RUTH**

Surname: **HARVEY**

Former names:

Service Address: **LAVENDER HOUSE DENTAL SURGERY
269 MALDEN ROAD
CHEAM
SURREY
UNITED KINGDOM
SM3 8ET**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **30/12/1978** *Nationality:* **BRITISH**

Occupation: **DENTAL SURGEON**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	1

Prescribed particulars

THE ORDINARY SHARES WILL HAVE FULL RIGHTS IN THE COMPANY IN ALL RESPECTS. A DIVIDEND MAY BE PAID IN RESPECT OF THIS CLASS OF SHARE TO THE EXCLUSION OF ANY OTHER CLASS OF SHARE CURRENTLY IN ISSUE. WHERE A DIVIDEND IS DECLARED IN RESPECT OF ALL CLASSES OF SHARE THE COMPANY MAY, BY ORDINARY RESOLUTION, DIFFERENTIATE BETWEEN THIS AND ANY OR ALL OTHER CLASSES AS TO THE AMOUNT OR PERCENTAGE OF DIVIDEND PAYABLE, BUT BY DEFAULT THE SHARES IN THIS CLASS SHALL BE DEEMED TO RANK PARI PASSU WITH ANY OTHER SHARE CLASS CURRENTLY IN ISSUE, UNLESS THE RIGHTS ATTACHED TO SUCH OTHER CLASS SPECIFY OTHERWISE.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 22/04/2012 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **100 ORDINARY shares held as at the date of this return**
Name: **MARISA RUTH HARVEY**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.